			In FEE DET		N RECORD		\ \openio	lays a valid ONG	lumber
	CLAIMS		PARTI	cotumn 2)	SMALL	ENTITY	OR	ОТНЕ	R THAN
FOR N		MBER FILE			SMALL ENTITY		ر 1	SMALL ENTITY	
BASIC FEE (D7 CFR 1.16(a))		CKT ILE	NO.	BER EXTRA	RATE	FEE	4	RATE	FEE
TOTAL CLAIMS						3	OR		s
(37 CFR 1.16(c)) INDEPENDENT		minus 20 =			X 3 =	Ī	OR	x s_ =	
(37 CFR 1.16(b))		minus	3 = .		X 5_ =		1		┪
MULTIPLE DEPI	ENDENT CLAIM PRE		+	OR	× S=	 			
· If the difference		<u> </u>	┼	OR	+s•	<u> </u>			
* If the difference in column 1 is less than zero, enter '0' in column 2.					TOTAL	L	OR	TOTAL	L
	CLAIMS AS A	MENDE	D - PART II						
	(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	OR	OTHE SMALL	R THAN ENTITY
M	REMAINING AFTER AMENDMEN	Т	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Total Grora 1,160		Minus	22		xs =				FEE
U (37 CFR 1,16)	6 G	Minus	"6	•	x s_ =	1	OR	X \$	/
FIRST PRES	SENTATION OF MULT	PLE DEPEN	DENT CLAIM (37 CI	R 1.167(1)			OR	× 5=	
					TOTAL		OR	<u> </u>	
1-26-	υ /				ADD'L FEE		OR	TOTAL ADD'L FEE	
	(Cotumn 1)		(Column 2) HIGHEST	(Cotumn 3)					
Total (17 CR 1.16)	REMAINING AFTER AMENDMEN	ı	NUMBER PREVIOUSLY PADLEOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
Total (37 CFR 1,16(c		Minus	" 10	0	x s_ =		00	-	FEE
II (37 CFR 1.16())	16	Minus	6	- ()	x s =		OR	× 5	/
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 OFR 1.18(d))							OR	× 5	
					+s =		OR	#9/ =	<u> </u>
					ADD'L FEE		OR /	ADD'L FEE	
	(Column 1)		(Cotumn 2)	(Column 3)			4		
Total (27 GFR 1,14(cf) tridependent (27 GFR 1,14(cf) (27	REMAINING AFTER AMENDMENT		'HIGHEST MUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
D CS OFFI 1-16(c)		Minus	••	•		FEE			FEE
tridependent (37 CFR 1,16(b)		Minus	***		X \$=		OR	X \$=	
FIRST PRES	ENTATION OF MULTI	LE DEPEND	ENT CLANA COZOCO	2 1 10/01	x s=		OR	x s=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(6))					+s =		OR	+ 5 =	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter ** If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter						OR	ADD'L FEE	

The "Highest Number Previously Paid For" IN THIS SPACE is less than 20, erder "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, and er "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the Expouprials Local Columnation. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO to the way depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden; should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.